

Objectives / Factors for Cost Effective Alternative

	Factor	Option B	Option D	Conclusion
1	Financial Feasibility			
2	Financial Viability	<p>To achieve fully comparable result Option B (Complete Master Plan) is more expensive and as a result less viable. The cost-effective alternative is to complete only Step 1 and Step 2 of the Master Site Plan.</p> <p>Were it to be implement, the 8-10 years of construction in Option B wouldl adversely affect the hospital (fewer doctors will work there and fewer patients will voluntarily select this hospital for treatment), reducing financial outcomes.</p>	<p>The financial statements show positive cash flow after 4 years.</p>	<p>Option B construction cost may be similar but resulting disturbance to patients and staff from 10 years of construction would affect viability.</p>
3	Improves access	<p>Option B Master Plan improves the on-site vehicle circulation with new emergency location and drop off at new front door. The site would have a "ring" that would provide additional flexibility. Locating outpatient and offices at the North end of the site may provide a separation of visitor ingress as people eventually learn that the North entry will be a shortcut to the parking and closer to their destination.</p> <p>Step 1 and Step+D9 2 provide better access with the re-location of Emergency Department and roads.</p> <p><del>However, the entry points still congested and</del></p>	<p>Option D is a better location with better feeder roads. Clear differentiation on site of vehicles (separate entry from street for service and ambulance, separate entry for parking).</p>	<p>While Option B improves the access within the current site, the external constraints of 2-lane roads and local opposition to traffic increases mean that only so much can improvement can be made.</p>
4	provide sufficient parking to meet the needs of patients, visitors, physicians, and staff	<p>Maximum site parking 1284 spaces per Settlement Agreement. This would not be sufficient for the hospital and medical office space required. Changes to this Agreement would require re-negotiation with City, affecting project schedule and cost. Off-site parking with shuttles used for any other requirements. Assuming this can be overcome, Option B showsnincludes additional parking for outpatient and inpatient services. However, the site is still constricted and accommodating long-term parking needs proves difficult. Shuttles would still be required.</p>	<p>Site permit approved by Montgomery County permits at least 2100 spaces in the total site build-out, sufficient capacity for all patients, visitors, physicians, and staff. This site Master Plan accommodates all near and future requirements on site.</p> <p>The site plan shows interim surface parking with approved expansion to parking structures.</p>	<p>Option D provides the better long-term solution with fewer site challenges.</p>

5	improve campus and building aesthetics	New buildings allow for new campus aesthetic over the 10-15-year Master Plan. After Step 2 of the Master Plan, the campus will not look coherent (with buildings from 1970, 1980, and 1990s). As much as architects will try to unify these buildings, it will be a difficult task. Another building will be added but the Campus aesthetic will be difficult to improve until the Master Plan is completed.	New site and new buildings.	In this respect because both options result in new buildings, the options are relatively equal, except that Option B will take 10 years to achieve new aesthetic. During that time, the hospital will be a mess.
6	improve the effectiveness and efficiency of building utility systems	Phase 1 of Option D replaces beds in new tower and includes new Central Plant sized for expansion. All new facilities will have upgraded systems including modern mechanical and data systems. As the Option D Master Plan construction progresses, the renovated or new constructed spaces will also move to the new Central Plant until the existing plant is phased out. The Takoma Park facility will continue to use outdated technology and systems until the entire campus is renovated or replaced.	Day one of this option provides maximum efficiency. The project is required to meet LEED silver certification but the client and team feel this project can improve on this standard.  The project will be engineered to use systems that provide long-term efficiency.	Option D is effective and efficient from Day One and provides long-term benefits, including room for utility expansion. Option B phases in efficiency as part of 10-12 year plan. Existing systems will not be removed until the last phase.
7	improve patient flow and staff efficiency through improvements in departmental proximity and patient/staff movements	New plan improves efficiency with new locations for emergency department and collects currently disparate programs together to improve efficiency.  After Step 2 of the Master Plan, the campus will be a mix of new and old buildings. This will require transfer elevators to make up difference in floors.	As a new building, Option D maximizes efficiency: surgery and critical care are adjacent and directly over Emergency. All patient rooms are stacked and accessed through main public and service elevator cores. Central elevators connect patient floors and services such as nutrition.	Option D provides the better building solution.
8	maximize private bed capacity	Option B creates new medical surgical beds in Phase 1 and 2 as replacement beds. This is one of the highest priorities for WAH and the hospital strives to create as many private beds as quickly as possible. However, this will not be achieved until all patient beds are replaced or renovated, which is expected in later phases of Option B. Behavioral health will retain semi-private beds due to limited space.	All beds private from Day One at White Oak. Behavioral Health in Takoma Park will be expanded to all private beds.	Option D fully satisfies criteria.
9	Ability to achieve regulatory approval	Option B has many obstacles to overcome. Major construction on campus and construction in covenant areas will be opposed by City. The City will almost certainly oppose additional parking beyond the approved 1284 spaces.	Site Plan is current approved and minor revisions made in this CON application are not anticipated to be opposed by County.	Option B will require significant legal and financial effort.

10	provide the opportunity for future inpatient capacity	Site is restricted and future growth impeded beyond this plan.	Site allows for future growth. Site plan shows expansion vertically (new patient tower over surgery areas) and horizontally (growth of main hospital to the North for E.D. and South for Admin/Surgery). In addition, the site will permit another tower between the main hospital and the retaining wall. All of these are within the scope of the approved site plan.	Option D is a better long-term plan for WAH.
11	increase outpatient capacity / accessibility	Provides MOB space for development in later phases.	WAH-TP includes urgent care and outpatient services. WAH-White Oak will include developmetn at Building A, adjacent to the hospital, as well as portneital for MOB's on site, to provide outpatient services.	Option D is a better long-term plan for WAH.
12	increase physician recruitment opportunities,  (additional text from CON: "which in WAH's view means the ability to provide physician office space either on or adjacent to the campus")	Physician office space would not be available until the later phases because the first two steps of Option B are to provide buildings to replace aging hospital patient areas. While an upgraded and renovated hospital (when completed) would be a draw for recruitment, the period of renovations would severly impact retention and physician morale. Most new recruits would reply "talk to me when all this is over."	A brand new facility with excellent site access is an immediate incentive to draw new physicians. The plan for the site includes physician office space in a brand new building on campus adjacent to the hospital in what is considered an ideal location.	Option D satisfies the criteria immediately.
13	Impact on Community	Significant short-term and long-term impact. Community will undoubtedly fight WAH to deny implementation, resulting in additional cost and schedule delays. Construction traffic, noise, and vibration will also be viewed negatively by community. Additional traffic from growth will undoubtedly trigger a community response, resulting in delays or additional cost.	Site plan as been approved by County and any negative community impact already resolved. Construction of this hospital will likely provide economic stimulus to nearby businesses as hospital staff use local services.	Option D will be viewed as a positive impact. Option B mostly likely viewed as a negative impact.
14	minimize impact on current operations	To affect change, a major reconstruction project is required. This effort will require extensive excavation, demolition, relocation, and new construction. It is expected that current operations, including surgery and patient satisfaction, will be negatively impacted. ICRA (Infection Control Risk Assessment) would be a major cost and scheduling issue. Due to tight site and aging building inventory, significant changes would be required to affect needed change to Takoma Park. No signifcant changes can occur without real impact on current operations.	Option D includes renovation work in Takoma Park as programs move to White Oak. However, the impact of removing space will be minor. Major demolition is not expected.	Option D will have a positive impact on current operations and patient safety.

15	Ability to achieve project completion	While WAH will probably prevail against local community opposition, this scheme will face opposition and challenges and potential delays. Option B is a realistic Master Plan for the Takoma Park site. It provides the necessary changes for the hospital to function for the next 25 years.	Once CON is approved, this scheme will be viable and ready for implementation. WAH schedule shows breaking ground soon after receipt of CON approval.	Option D is the choice more likely to achieve completion.
16	Impact on AHC and its services	It is difficult to overstate the disruption that a major hospital renovation/modernization project will cause to hospital operations. This is especially true considering how intertwined the older buildings requiring immediate vacancy are with the slightly more recent buildings. Demolition causes noise and vibration that will require scheduling and special operations. Either off-hours demo will be necessary (issue of cost and neighbors) or the demo will be "selective," meaning each portion of concrete will be shored, carefully saw cut, secured and hoisted to a clear location (issue of time and cost).	Because much of the acute care will be a straightforward relocation from Takoma Park to White Oak, the effect will be positive on AHC services. Staff will receive training for new spaces and systems such as Electronic Medical Records. Programs to remain in White Oak will, for the most part, remain in place with minimal impact.	The Option D plans to re-program and re-use the existing building stock for non-hospital functions represent the most logical use of these buildings after most of the hospital programs relocate to White Oak.
17	Ensures long-term future of WAH	Site is constricted. 25 years from now WAH will have difficulty planning long-term feasible growth. Takoma Park is a site nearing the end of its useful life.	Site provides synergy with adjacent properties such as FDA. Site has been approved for future growth including physician offices, parking, bed capacity.	WAH considers White Oak to be a site for the next 100 years.
18	Potential to expand	To provide a comparable option, the site must be built to its capacity. There will be no potential to expand without purchasing additional land.  Option B maximizes the use of the site and removes the oldest buildings on campus from 1950-1970. The plan allows for some expansion at the North but the site size limitations prohibit expansion potential. Expansion beyond the 15 year mark would include removal of existing buildings on campus.	See No. 10. The site design includes allowance for immediate expansion on site to permit growth for next 20 years.	The limitations of the Takoma Park site limit the expansion possibilities beyond 15 years without removing additional buildings.

19	Provides flexibility for dynamic market now / future	<p>Once the entire Master Site Plan is complete, 10-15 years from start, this project will provide some flexibility in the patient rooms. With new current standards heights the units can be more easily reconfigured.</p> <p>After Step 2, the project will have less flexibility because the site will be "maxed out." Additional demo/construction will be required for Step 3 and 4.</p>	Flexibility from Day One. The building is set on a flexible module. The site provides flexibility for growth, the floor heights are sufficient for flexibility.	<p>Option B provides flexibility only after final Master Plan is complete.</p> <p>Both provide flexibility in the future, though the future of Option D is brighter than Option B and Option D has flexibility from Day One with current standards for floor heights and room size and clear growth potential options.</p>
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